

State of Nevada
DEPARTMENT OF PUBLIC SAFETY
Division of Parole and Probation

PRESENTENCE INVESTIGATION REPORT QUESTIONNAIRE

Name: _____ Criminal Case #: _____
Interview Date: _____ Time: _____ Investigator: _____
Sentence Date: _____ Time: _____ Phone Number: _____

A Presentence Investigation Report has been ordered by the Court to assist in determining your sentence. You must complete this questionnaire **accurately** and it must be **complete** before your interview appointment. If you are in custody, an interview will be conducted at the jail. If you are released from custody before you are interviewed, contact the above listed investigator immediately. **Deliberate falsehoods or misrepresentation may seriously jeopardize your case.**

At the time of your interview, please bring the following documents:

- | | | |
|-------------------------------|-------------------------------------------------------------|------------------------|
| L Driver's License/ID Card | L Educational Degrees | L Proof of Employment |
| L Social Security Card | L Vocational Certificates | L Proof of Residence |
| L Alien Registration Card | L Last Income Tax Return | L Vehicle Registration |
| L Armed Forces Papers (DD214) | L Proof of Mental Health/Substance abuse program attendance | |

Be prepared to pay the following fees to the Clerk of Court on the date of sentencing:

- \$25 Court Administrative Assessment Fee (all cases)
- \$60 Drug or Chemical Analysis Fee, if applicable
- \$150 Genetic Marker Testing Fee (if your offense mandates DNA testing)

g g IF YOU ARE GRANTED PROBATIONg g

- You will be required to pay \$30 per month in supervision fees, for the term of your probation.
- The first two months (\$60) **MUST** be paid within the first 30 days of your probation grant.
- Fees **MUST** be paid by Cashier's Check or Money Order - ***NO CASH ACCEPTED.***
- Make payable to: "The Division of Parole and Probation" (Name & SS# must be printed **clearly** on the check).

g g IF YOU INTEND TO RESIDE IN A STATE OTHER THAN NEVADAg g

- The first two (2) months fees (\$60.00) **MUST BE PAID IN ADVANCE**, before you leave.
- Once you have been **formally accepted** for supervision in the receiving state, you will no longer be required to pay Nevada supervision fees. However, you may be required to pay supervision fees to the receiving state in an amount determined by that state.
- No one will be allowed to leave Nevada until they have reporting instructions or are accepted by the receiving state. It may take two (2) business days or more to receive reporting instructions. If reporting instructions are denied, you must remain in Nevada until you are accepted for supervision by the receiving state. This process may take fifty (50) or more days, so plan accordingly.

Applicant's Signature

Date

Original - File Copy - Offender

I. Personal Information:

Name: _____

Social Security Number: ____/____/____

Date of birth: _____ Age: _____ Place of birth: _____

U. S. citizen: _____ Citizen of what country: _____

Alien Registration Number: _____ Temporary () Permanent ()

What is your primary language: _____ Other languages spoken: _____

Race: _____ Sex: _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Aliases: _____ (Maiden name)

_____ (Nick name)

_____ (Other)

Religion: _____ Congregation: _____

Scars / Marks: (List where and describe) _____

Tattoos: (List where and describe) _____

Physical address: _____

Number	Street	City	State	Zip
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Mailing Address: _____

Number	Street	City	State	Zip
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Years and months you have lived at current residence: _____

Are you now or have you ever been homeless: No () Yes () If Yes explain: _____

Phone Number: () _____ (Home)

() _____ (Work)

() _____ (Cell)

Drivers License Number: _____ State: _____ Status: _____

Other ID Number: _____ State: _____

Vehicle Information of Vehicles you own or drive:

Make / Model	Year	Color	License # and State
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1. _____

2. _____

3. _____

Attorney's name: _____ Retained / Appointed / Public Defender

Attorney's address: _____

Attorney's phone number: () _____

II. Childhood and Family:

List immediate family members' names and addresses:

Name: _____ Relationship: _____ Age: _____
Address: _____ Phone: _____
Occupation: _____
Relationship status: Close contact () Moderate contact () No contact ()

Name: _____ Relationship: _____ Age: _____
Address: _____ Phone: _____
Occupation: _____
Relationship status: Close contact () Moderate contact () No contact ()

Name: _____ Relationship: _____ Age: _____
Address: _____ Phone: _____
Occupation: _____
Relationship status: Close contact () Moderate contact () No contact ()

Name: _____ Relationship: _____ Age: _____
Address: _____ Phone: _____
Occupation: _____
Relationship status: Close contact () Moderate contact () No contact ()

Where did you grow up: _____

Did your parents live together: No () Yes ()

Was Child Protective Services ever involved with your family: No () Yes ()

If Yes explain: _____

Briefly describe your childhood and your relationship with your family: _____

Describe the worst thing that happened to you as a child: _____

Were you abused physically, sexually, or neglected? No () Yes ()

If Yes explain: _____

Marital / Long Term Relationship History:

Number of marriages: _____ or Long term relationships: _____

Spouse/ Significant other: _____ Age: _____ Phone: _____

Married date: _____ Separation date: _____ Divorce date: _____

Reason for divorce: _____

Common Law: Y / N

Spouse's employment address: _____ Employment phone: _____

II. Childhood and Family (continued):

Previous Relationships / Spouses:

Spouse/ Significant other: _____ Age: _____ Phone: _____

Married date: _____ Separation date: _____ Divorce date: _____

Reason for divorce: _____

Common Law: Y / N

Spouse's employment address: _____ Employment phone: _____

Spouse/ Significant other: _____ Age: _____ Phone: _____

Married date: _____ Separation date: _____ Divorce date: _____

Reason for divorce: _____

Common Law: Y / N

Spouse's employment address: _____ Employment phone: _____

Spouse/ Significant other: _____ Age: _____ Phone: _____

Married date: _____ Separation date: _____ Divorce date: _____

Reason for divorce: _____

Common Law: Y / N

Spouse's employment address: _____ Employment phone: _____

Children and Step-Children:

Name: _____ Age: _____ Sex: _____ Phone number: _____

Address: _____

Who has legal custody: _____

Have you been ordered to pay child support: No () If Yes amount / month: \$ _____ State: _____

Are you current with your payments? Yes () If No, delinquent amount: \$ _____

Name: _____ Age: _____ Sex: _____ Phone number: _____

Address: _____

Who has legal custody: _____

Have you been ordered to pay child support: No () If Yes amount / month: \$ _____ State: _____

Are you current with your payments? Yes () If No, delinquent amount: \$ _____

Name: _____ Age: _____ Sex: _____ Phone number: _____

Address: _____

Who has legal custody: _____

Have you been ordered to pay child support: No () If Yes amount / month: \$ _____ State: _____

Are you current with your payments? Yes () If No, delinquent amount: \$ _____

Name: _____ Age: _____ Sex: _____ Phone number: _____

Address: _____

Who has legal custody: _____

Have you been ordered to pay child support: No () If Yes amount / month: \$ _____ State: _____

Are you current with your payments? Yes () If No, delinquent amount: \$ _____

II. Childhood and Family (continued):

Describe your relationship with your spouse and children: _____

Are any of your dependants or their guardians receiving welfare benefits? No () Yes ()

If Yes where? _____

If you are sent to prison or jail on this charge who will care for your dependants?

Name: _____ Relationship: _____

Address: _____ Phone: _____

How long have they lived at this address: _____

Please list previous addresses: _____

Who is living in your home now:

Name: _____ Date of birth: _____ SS #: _____

Name: _____ Date of birth: _____ SS #: _____

Name: _____ Date of birth: _____ SS #: _____

Are there any weapons in your home: No () Yes ()

If Yes explain (type, location, ownership): _____

Whom do you keep in contact with (other than family):

Name: _____ Address: _____

Phone: _____ How long known: _____

III. Employment and Financial:

Are you currently: Employed () If employed how long: _____
 Disability () Disabled () Retired () Homemaker ()
 Unemployed () If unemployed how long: _____

Are you affiliated with a trade union: No () Yes () If Yes identify: _____

Have you ever served an apprenticeship: No () Yes () If so where: _____

List all jobs you have had over the past (10) ten years beginning with the most recent:

Present/ Most recent: _____ Supervisor: _____

Address: _____ Phone #: _____

Job title: _____ Hours per week: _____

Salary: _____ Per month Date hired: _____ Date terminated: _____

Reason for leaving: _____

Employer: _____ Supervisor: _____

Address: _____ Phone #: _____

Job title: _____ Hours per week: _____

Salary: _____ Per month Date hired: _____ Date terminated: _____

Reason for leaving: _____

III. Employment and Financial (continued):

Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
Job title: _____ Hours per week: _____
Salary: _____ Per month Date hired: _____ Date terminated: _____
Reason for leaving: _____

Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
Job Title: _____ Hours per week: _____
Salary: _____ Per month Date hired: _____ Date terminated: _____
Reason for leaving: _____

Have you ever been fired: No () Yes () If Yes explain: _____

How many times: _____

What is the longest period of time you've held a job: Years: _____ Months: _____

MONTHLY INCOME (Approx.)		MONTHLY EXPENSES (Approx.)	
Regular Job (+ tips)	\$	Rent/House Payment	\$
Part Time Job	\$	Utilities	\$
Spouse Income	\$	Food/Clothing	\$
Unemployment Comp.	\$	Gasoline Etc.	\$
Workman's Comp.	\$	Car Payment	\$
Social Security	\$	Car Insurance	\$
Child Support/Alimony	\$	Health Insurance	\$
ADC Benefits	\$	Child Care	\$
Alimony	\$	Child Support/Alimony	\$
General Assistance	\$	Attorney Fees	\$
Food Stamps	\$	Salary Garnishment	\$
Disability/DVA Pension	\$	Medical Bills	\$
Military Pension	\$	Credit Cards	\$
	\$	Loans	\$
	\$	Court Fine/Fees	\$
	\$	Cable/Satellite TV	\$
	\$	Counseling	\$
	\$		\$
TOTAL	\$	TOTAL	\$

III. Employment and Financial (continued):

What are your total assets: (cars, cash, property, homes, jewelry, tools, etc.) _____

_____ Total: _____

Total Debts: (credit cards, child support, medical bills, legal fees, loans): _____

_____ Total: _____

Checking Account: Yes ☐ No ☐

Bank _____ Balance\$ _____

Savings Account: Yes ☐ No ☐

Bank _____ Balance\$ _____

If ordered to pay restitution by the Court to reimburse the victim(s) for any financial loss or impact due to your involvement in this crime, what amount per month do you believe you could afford to pay:

\$ _____

IV. Education:

Highest grade completed: _____

Do you have a high school diploma: No (☐) If Yes: school: _____ date: _____

Do you have your GED: No (☐) Yes (☐) Years of college: _____ degrees: _____

College attended and what years did you attend: _____

Vocational training: _____

Additional training: _____

Professional licenses or certificates: _____

Special Education Classes: No (☐) Yes (☐)

If you filed a Special Education Plan (504), in what school: _____

V. Military Service:

If no military service, did you register with the Selective Service / draft: No (☐) Yes (☐)

Military service branch: _____ Country: _____

Rank at discharge: _____ Dates of service: From: _____ To: _____

Military duties / training: _____

Type of discharge: _____ Awards/ Medals: _____

Did you incur any formal disciplinary actions: No (☐) Yes (☐) If Yes explain: _____

VI. Physical Health:

How would you rate your health: Good Fair Poor

Do you have any present or past serious, chronic diseases or illnesses, or any disabling medical problems, Explain: _____

Are you receiving any medical treatment now: No () Yes () If Yes for what: _____

Name of physician: _____ Phone #: _____

Name of dentist: _____ Phone #: _____

List all medications you are taking: _____

VII. Mental Health:

Have you ever participated in mental health counseling: No () Yes ()

When and where: _____

What have you been diagnosed with: _____

Have you been diagnosed with a co-occurring disorder: _____

Are you receiving any treatment now? ____ Name of therapist, Dr., or Psychologist: _____

Address: _____ Phone: _____

List all medications are you taking: _____

Have you ever thought seriously about hurting or killing yourself:

Never seriously _____ Had definite thoughts of suicide _____ Attempted suicide _____

If yes, when, how, why? _____

VIII. Substance Abuse Issues:

Substance	Age First Used	Casual Use	Regular Use	Addicted	Arrested For	Last Date Used	Sold
Alcohol							
Marijuana							
Cocaine / Crack							
PCP							
Meth / Crank							
LSD / Acid							
Ecstasy							
Heroin							
Mushrooms							
Abuse of Prescription Pills							
Inhalants							
Other (List)							

VIII. Substance Abuse Issues (continued):

How much do you spend on drugs: Weekly: _____ Monthly: _____

Have you ever committed an offense to support your habit: No () Yes ()

If Yes explain: _____

Have you ever been in treatment: No () Yes ()

If Yes explain: (when, where, for what substance) _____

Do you believe alcohol is a problem for you: No () Yes ()

Do you believe drugs are a problem for you: No () Yes ()

What are you doing to address these issues now: _____

Were you under the influence when you committed the instant offense: No () Yes ()

If Yes explain: _____

Do you think gambling is a problem for you: No () Yes ()

How much do you spend weekly: \$ _____

Have you ever been arrested for a gaming violation: No () Yes () If Yes explain: _____

Have you ever been in treatment for gambling: No () Yes () If Yes explain: _____

IX. Juvenile and Adult Criminal History:

Were you ever arrested / detained as a Juvenile? No () Yes ()

1. Date: _____ City, State, Agency: _____

Offense: _____ Conviction: _____

Disposition: _____

2. Date: _____ City, State, Agency: _____

Offense: _____ Conviction: _____

Disposition: _____

3. Date: _____ City, State, Agency: _____

Offense: _____ Conviction: _____

Disposition: _____

4. Date: _____ City, State, Agency: _____

Offense: _____ Conviction: _____

Disposition: _____

IX. Juvenile and Adult Criminal History:

Have you ever been on Juvenile Probation: No () Yes ()

Date: _____ Location: _____ Phone Number: _____

Name of last supervision officer: _____

Did you have any violations while on probation: No () Yes ()

If Yes explain: _____

Have you ever been on Juvenile Parole: Yes () No ()

Date: _____ Location: _____ Phone Number: _____

Name of last supervision officer: _____

Did you have any violations while on parole: No () Yes ()

If Yes explain: _____

Have you ever been in a juvenile detention facility / institution: No () Yes ()

Date: _____ Location: _____ Phone Number: _____

Name of last supervision officer: _____

Did you have any violations while in the detention facility: No () Yes ()

If Yes explain: _____

Have you ever been arrested as an adult: No () Yes ()

1. Date: _____ City, State, Agency: _____

Offense: _____ Conviction: _____

Disposition: _____

2. Date: _____ City, State, Agency: _____

Offense: _____ Conviction: _____

Disposition: _____

3. Date: _____ City, State, Agency: _____

Offense: _____ Conviction: _____

Disposition: _____

4. Date: _____ City, State, Agency: _____

Offense: _____ Conviction: _____

Disposition: _____

Have you ever been on adult probation: Yes () No ()

Date: _____ Location: _____ Phone Number: _____

Name of last supervision officer: _____

Type of discharge: _____

Did you have any violations while on probation: No () Yes ()

If Yes explain: _____

IX. Juvenile and Adult Criminal History:

Have you ever been on adult parole: No () Yes ()

Date: _____ Location: _____ Phone number: _____

Name of last supervision officer: _____

Did you have any violations while on parole: No () Yes ()

If Yes explain: _____

Have you ever been incarcerated in Prison: No () Yes ()

Date: _____ Location: _____ Date: _____ Location: _____

Date: _____ Location: _____ Date: _____ Location: _____

Did you incur any major disciplinary incidents while in prison: No () Yes ()

If Yes explain: _____

Were you assigned to any special housing units while in prison: _____

If Yes explain: _____

What programs did you participate in while in prison: _____

Have you ever walked away or escaped from a work release program, jail, electronic supervision, or an institution: No () Yes () If Yes explain: _____

Have you ever eluded a police officer: No () Yes () If Yes explain: _____

Have any members of your immediate family ever been in prison or on probation: No () Yes ()

If Yes explain: (Please include: who, when, where and for what crime) _____

Are you in a gang, or do you socialize with gang members: No () Yes ()

If Yes, what is the gang name and your moniker: _____

Are you a registered sex offender: No () Yes ()

XII. Present Offense:

How were you released from custody: _____ What facility: _____

Dates: _____ Credit for time served: _____

Include dates, times, locations, and damages in your estimate / opinion.

Briefly describe the offense you committed: _____

Why did you commit this crime: _____

What damages or losses did the victim suffer: _____

In your opinion, how do you believe this crime affected the victim: _____

How did this crime affect you: _____

What do you feel you would be an appropriate penalty / consequences for your actions:

If you are granted probation what is your plan:

Address: _____ Phone: _____

With whom do you plan to reside: _____

Employment: _____ Address: _____

What are your goals (treatment, programs, schooling): _____

DEFENDANT'S STATEMENT

[illegible]

Date _____

DIVISION OF PAROLE AND PROBATION

REQUEST FOR AND CONSENT TO RELEASE INFORMATION

NAME: _____ SS #: _____ DOB: _____ CASE #: _____

I authorize (name, title, organization - by
whom information is to be released):

To release to (name, title, organization - to
whom should receive information):

Division of Parole and Probation

Phone #: (____) _____

Phone #: (____) _____

I request that the following information be released to the individual named on this release. I understand that the information released may include drug, alcohol, chemical use, abuse or dependency material.

- ☐ Status
- ☐ Progress
- ☐ Attendance
- ☐ Presentence evaluation/reports
- ☐ Other Psychiatric Assessments
- ☐ Psychological Assessments
- ☐ Testing, Medical

- ☐ Written/oral information
- ☐ Treatment recommendations/referrals
- ☐ Treatment plan(s)
- ☐ Employment
- ☐ Physical whereabouts
- ☐ Unrestricted

Client's initials of agreement

Purpose or need for which the information is to be used: _____

AUTHORIZATION - I certify that this request has been made freely, voluntarily and without coercion. Re-disclosure of my records by those receiving the above authorized information is prohibited without my further written consent. (Federal Regulation 42CFR, part 2, section 2.1 - 2.67, 1;38 U.S.C. section 4132). I may revoke this release at any time, in writing, except to the extent that action has already been taken. Without my express revocation, this consent will automatically expire:

1. Upon satisfaction of the need for further disclosure;
2. On _____ (date supplied by client): or
3. Under the following conditions:
 - Until there has been a formal and effective termination or revocation of my probation, parole, conditional release or other which I was mandated.
 - Other _____

Date

Signature of defendant

Date

Signature of initiator of release